



Cobb County Business License Division  
P.O. Box 649  
Marietta, GA 30010-0649  
Phone – 770-528-8410  
Fax – 770-528-8414

**If you wish for this application to be hand delivered or  
delivered via UPS or FedEx please do so at:**

1150 Powder Springs Street, Suite 400  
Marietta, Georgia 30064

Website Address – [www.cobbcounty.org](http://www.cobbcounty.org)

Check off list and Application for a Health Spa License

- ☐ 1. All attachments must be typed or legibly written in black ink.
- ☐ 2. Applicant must sign and have notarized the attached criminal history consent form.
- ☐ 3. Application must be complete with all questions answered and with all supporting documents attached or it will not be accepted. Completed application should be submitted to the Cobb County Business License Division, P.O. Box 649, Marietta, Georgia 30010-0649. If you wish for this application to be submitted via hand delivery, UPS, or FedEx please do so at 1150 Powder Springs Street, Marietta.
- ☐ 4. All applicants must provide original, government-issued, picture identification to the Business License Division to verify identity and for the Business License Division to copy.
- ☐ 5. Registered aliens must provide ORIGINAL immigration card I-551 or EIN and naturalized citizens must provide ORIGINAL certificate of naturalization to the Business License Division. If otherwise admitted into the United States, please provide original INS documents.
- ☐ 6. Provide two (2) passport size, 2x2 pictures of applicant/licensee.
- ☐ 7. Prior to taking this application to the Cobb County Zoning Division, located at 1150 Powder Springs Street, Marietta. Please complete the district, land lot, and parcel numbers in question 36.
- ☐ 8. Attach to this application a list of names and addresses of all W-2 employees at this location as of the date the application is submitted to the Business License Division.

- ❑ 9. Attach to this application a list of names and addresses of all independent contractors at this location as of the date the application is submitted to the Business License Division.
- ❑ 10. Attach consent forms on all employees at this location as well as licensee and partners and shareholders in non-public corporations.
- ❑ 11. All persons that have 20% or more ownership and any partners in this "non-public" business will be required to submit a personal statement and attach it to this application.(pages 3-5 and 11-12 of this application)
- ❑ 12. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property. All must be executed by all parties involved. The ownership of the business applying for the license must be listed as the tenant in the lease.

### **Fee Amount:**

Gross receipts fee plus \$55 regulatory fee.

### **Applicant Procedure:**

After the application is submitted to the Business License Division it will be forwarded immediately to the Cobb County Police Department, which will complete a criminal history investigation in usually a week to ten (10) days. As required by Cobb County Code of Ordinances, the Police Department will complete their investigation within 60 days of the date the application is received. Once the application is investigated, the application will be considered by the Business License Division. Upon approval of the application by the Business License Manager, all license fees and occupational taxes must be paid. Occupation taxes and license fees for independent contractors, cosmetologists, beauticians, estheticians, massage therapists, personal trainers, dieticians, etc. must be paid within two (2) weeks of approval of the health spa license. If the application is denied, an appeal may be filed within ten (10) days to the License Review Board. A license fee and occupational tax are required for each location that a person practices or is engaged in business in Cobb County. A change of address requires that the business file the attached completed application and approval of the new location by the Business License Division Manager. **Applicants are not authorized to operate until the applicant's license is issued.** All employees must submit consent forms to the Business License Division within 10 days of employment or the employee and business will be in violation of the Cobb County Code of Ordinances. All independent contractors must obtain a Cobb County Business License prior to engaging in business. The license for the health spa **DOES NOT** "cover" or authorize independent contractors operating within the health spa.

Cobb County Business License Division  
P.O. Box 649  
Marietta, GA 30010-0649  
Phone 770-528-8410  
Fax 770-528-8414  
**Application for Health Spa**

**Picture**  
**2 x 2**  
**(must provide 2)**

1. Business Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
City State Zip
3. Full Name of Licensee: \_\_\_\_\_
4. Business Address of Licensee: \_\_\_\_\_  
(if different from above) City State Zip
5. What is your position with the company in this application? \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
8. Home Address: \_\_\_\_\_  
City State Zip
9. Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_
10. U.S. Citizen by (please check one): Birth \_\_\_\_\_ Naturalization \_\_\_\_\_  
If naturalized: Certificate No. \_\_\_\_\_  
Date, place and Court: \_\_\_\_\_  
Petition no.: \_\_\_\_\_ derived parents certificate No.(s): \_\_\_\_\_  
If not a citizen, please complete the following:  
Alien Registration no.: \_\_\_\_\_ Native Country: \_\_\_\_\_  
Employment Authorization no.: \_\_\_\_\_

Date and port of entry: \_\_\_\_\_

**\*MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS\***

If you are not a citizen or do not have an I-551 Card, under what authority are you legally in this country? (Please provide original documentation) \_\_\_\_\_

11. Are you:

Single ( )      Married ( )      Widowed ( )      Divorced ( )      Separated ( )

12. If married or separated, complete the information requested below on spouse.

Place of marriage: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Full name of spouse: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Wife's maiden name: \_\_\_\_\_

U.S. Citizen by (please check one): Birth \_\_\_\_\_ Naturalization \_\_\_\_\_

If naturalized: Certificate No. \_\_\_\_\_

Date, place and Court: \_\_\_\_\_

Petition no. \_\_\_\_\_ derived parents certificate No.(s): \_\_\_\_\_

If not a citizen, please complete the following:

Alien Registration No. \_\_\_\_\_ Native Country: \_\_\_\_\_

Date and port of entry: \_\_\_\_\_

**\*MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS\***

Name of spouse's employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

13. List licensee's jobs for the past five years.

From-To Month/Year	Occupation/Description of Duties Performed	Employer Name	Address/Phone Number	Salary	Reason for Leaving

14. Type of Ownership: Sole Proprietor( ) Partnership( ) Corporation( ) LLP( ) LLC( )

15. If Sole Proprietor - Owner's Name: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

16. If Partnership or Limited Liability Partnership

Partnership or LLP Name: \_\_\_\_\_

Name of Partner/Member: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Partner/Member: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\* Include additional partners/members on separate attachment\***

17. If Corporation or Limited Liability Company

Name of Corporation or LLC: \_\_\_\_\_

President/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vice President/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secretary/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Treasurer/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Include additional partners/members on separate attachment\***

18. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach copies of all stock certificates (front and back) to the application.

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>Phone #</u>	<u>#Shares</u>
-------------	------------	------------	----------------	----------------	----------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

19. Does the licensee, partner, member, manager, corporation, stockholder in the corporation or any owner have any other vested interest in any other health spa license in the State of Georgia? Yes ( ) No ( )

If yes, give complete name(s), address, and phone number(s) below or attach list.

---

---

20. List full name, date of birth, social security number, address, and percentage of ownership for each individual, including all "limited" and "silent" partners, having any vested interest in this application. (Attach all documents indicating ownership, direct, indirect, or by default.)

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>% of Ownership</u>
-------------	------------	------------	----------------	-----------------------


21. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

<u>Corporate Name</u>	<u>Business Address</u>	<u>% Owned</u>
-----------------------	-------------------------	----------------


22. List full name, position held, social security number, address, and percentage of ownership for each board member of each corporation.

<u>Name</u>	<u>Position Held</u>	<u>SSN</u>	<u>Resident Address</u>	<u>% Owned</u>
-------------	----------------------	------------	-------------------------	----------------


23. Is or has the licensee or any owner listed in question ten (10) and/or eleven (11) currently holding interest, or ever been associated with any health spa establishment? If yes, list below.

<u>Name</u>	<u>SSN</u>	<u>Name of Business</u>	<u>Business Address</u>	<u>% Interest</u>
-------------	------------	-------------------------	-------------------------	-------------------


24. List the full name and address of every owner of the property on which this business is to be conducted.

<u>Name of Property Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
-------------------------------	----------------	--


25. List the full name and address of every owner of the building within which this business is to be conducted, if different from number 24.

<u>Name of Building Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
-------------------------------	----------------	--


26. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

<u>Name</u>	<u>Lessor or Sub-lessor</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
-------------	-----------------------------	----------------	--




27. Name the person(s) that will be the manager(s) of this business, giving all pertinent information. In addition, state how the manager(s) will be compensated.

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>% Interest (if any)</u>	<u>Compensation</u>
-------------	------------	----------------	----------------------------	---------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. Has this or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, or individual ownership for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner, or any rule, regulation, or ordinance of any city, county, or other Governmental unit?

Yes ( ) No ( ) If yes, give full details of all the above.

_____
_____
_____

29. Have you, your spouse, the licensee, licensee's spouse, or any person having interest in this business or their spouse, ever been:

A. **Arrested** Yes ( ) No ( ) B. **Convicted** Yes ( ) No ( )

C. **Detained** Yes ( ) No ( ) D. **Indicted** Yes ( ) No ( )

E. **Pled Guilty** Yes ( ) No ( ) F. **Pled Nolo Contendre** Yes ( ) No ( )

G. **On Probation** Yes ( ) No ( ) H. **Any Pending Criminal Charge** Yes ( ) No ( )

- I. If you answered "YES" to any of these questions, list below, in complete detail, the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

_____
_____

30. Have you, your spouse, the licensee, the licensee's spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)
- 

31. Please indicate days and hours of operation for this business. \_\_\_\_\_
- 

32. How many employees are employed at this location? \_\_\_\_\_  
\*Attach a list of W-2 employees, with names and addresses

33. How many independent contractors are employed at this location? \_\_\_\_\_  
\*Attach a list of independent contractors, with names and addresses

34. Have you or any of your employees ever been:

A. **Arrested** Yes ( ) No ( ) B. **Convicted** Yes ( ) No ( )

C. **Detained** Yes ( ) No ( ) D. **Indicted** Yes ( ) No ( )

E. **Pled Guilty** Yes ( ) No ( ) F. **Pled Nolo Contendere** Yes ( ) No ( )

G. **On Probation** Yes ( ) No ( )

H. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, place of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information requested was not given for any reason.)

---

---

---

---

35. Has this location been cited for any violation previously or any employee, while working at this location, ever been cited for any violation? (If yes, please give the date of the violation, type of violation and name of person cited) \_\_\_\_\_  
\_\_\_\_\_

36. How is property zoned? \_\_\_\_\_

District: \_\_\_\_\_ Land lot: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Zoning Division Staff Member**

**I, \_\_\_\_\_, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs on my premise must be permitted by the Cobb County Code Enforcement Division (770-528-2180) and the Fire Marshal's Office must be contacted in reference to a Certificate of Occupancy (770-528-2310).**

**This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**Signature of Applicant**

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Date**

## CONSENT FORM

**I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY  
CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN  
THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.**

\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, & ZIP

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SS NUMBER

\_\_\_\_\_  
ALIEN NUMBER (IF NOT A US CITIZEN)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE



***Affidavit Verifying Status  
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for \_\_\_\_\_**[INSERT BUSINESS NAME]**:

\_\_\_\_\_ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
Alien Registration number for non-citizens